

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: December 10, 2002

  
Brian M. Berliner



PATENT  
0037203-15

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ZULFIGAR et al.

Serial No.: 10/084,559

Art Unit: 2183

Filed: February 25, 2002

Examiner:

Title: METHOD AND SYSTEMS FOR  
MANAGING VARIABLE DELAYS IN  
PACKET TRANSMISSION

PETITION FOR EXTENSION OF TIME

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In accordance with 37 C.F.R. § 1.136(a) Applicants hereby petition for a five-month extension of time to respond to the outstanding Office Action dated April 8, 2002, or until November 8, 2002.

Enclosed is a check for \$980.00 to pay the five-month extension fee in accordance with Rule 1.17(a)(5).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-0639. A duplicate copy of this paper is enclosed.

12/18/2002 SZEWDIE1 00000034 10084559

02 FC:2255 980.00 DP

Date: December 10, 2002

Adjustment date: 12/31/2002 AKELLEY  
12/18/2002 SZEWDIE1 00000034 10084559  
02 FC:2255 -980.00 DP

Respectfully submitted,



Brian M. Berliner  
Attorney for Applicants  
Registration No. 34,549

**O'MELVENY & MYERS LLP**  
400 So. Hope Street  
Los Angeles, CA 90071-2899  
Telephone: 213-430-6000

**RECEIVED**

DEC 19 2002

OFFICE OF PETITIONS

Repln. Ref: LA26512121  
12/31/2002 AKELLEY 0013050100  
Name/Number: 10084559

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 12/30/07

2 Serial/Patent # 10/084,559

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

X Extension of Time

4

12-17-07

\$980 —

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert. of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$980 —

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

Overpayment

Duplicate Payment

X No Fee Due (Explanation):

Credit Deposit A/C #:

9 

5	0	--	0	6	3	9
---	---	----	---	---	---	---

*Ext not required*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: E-Tannouse

TITLE: Pet-Atty.

SIGNATURE: [Signature]

PHONE: 306-9200

OFFICE: 4700

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 12/30/12

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*